

# Brief Encounters

Budding

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## FINDING SYPHILIS IN THE HIV CLINIC

Many HIV clinics now offer regular sexual health screening. Cohen *et al* went further and added syphilis screening into routine blood tests for people followed up for HIV care. In a one year period, 2389 syphilis tests were carried out when patients had routine CD4 tests. Forty early, asymptomatic syphilis cases were identified, a rate of 7.3 per 1000 patient years, and accounting for 36% of infectious syphilis cases at the centre.

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## SUCK IT AND SEE

Another recommended approach to syphilis case-finding in an outbreak is to move off site. Lambert and colleagues in Brighton followed this advice and took screening to various gay venues. They compared venepuncture, “only a little prick”, with use of a recently validated saliva test, “suck it and see”. Coverage of venue users was around 10% with both approaches, and six early syphilis cases were found from 1090 tests. There was better uptake of salivary than blood testing in saunas, but there are still problems with sensitivity. Although numbers of cases found was disappointing, the exercise produced benefits in reaching men with health promotion messages, and in building closer community relations.

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## FOLLOW THE GUIDELINES

UK national guidelines recommend treatment of pelvic inflammatory disease (PID) with a single third generation cephalosporin, followed by doxycycline or ofloxacin and metronidazole, for two weeks. Despite this, many clinics continue to use oral doxycycline and metronidazole. In a single centre study Piyadigamage and Wilson found a clinical cure rate of 72% for women with PID treated with ceftriaxone, doxycycline, and metronidazole. By comparison doxycycline/metronidazole had a clinical cure rate of only 55%. Although the study was not a randomised controlled trial, it adds weight to the evidence underpinning the guidelines.

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## BACTERIAL VAGINOSIS IN GAMBIA

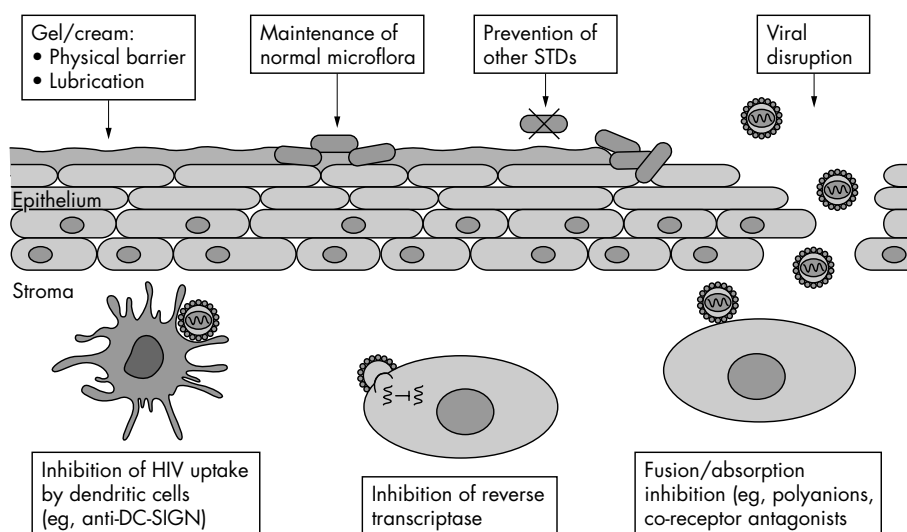
Bacterial vaginosis (BV) appears to be more common in sub-Saharan Africa than in industrialised countries. It has been hypothesized that this might be due to traditional methods of menstrual protection. Morison and colleagues studied women on alternate days throughout the menstrual cycle. BV was more common in the second week of the menstrual cycle than in days 14 to 28. Women who used modern pads had slightly more BV than women who used traditional menstrual cloths. These data do not support the hypothesis that menstrual hygiene materials might explain the high prevalence of BV in sub-Saharan Africa.

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## YOUNG PEOPLE BEAR THE BURDEN

Over 10% of 15–24 year olds in South Africa are HIV infected. Age at first sex is an important indicator of sexual risk. Using results from a cross-sectional household survey, Harrison and colleagues found that 13.1% of men 15–24 years old had a sexual debut before age 15. These men were more likely to report “risk” behaviour—no condom use, casual partner, and not being “ready and wanting sex”. In a multivariate analysis early sexual debut was associated with having three or more sexual partners in the past three years. In this setting, young men having sex before the age of 15 form a distinct risk group. Specific interventions in pre-teen years are needed prior to sexual debut.

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Minnis and Padian (see p 193) review current progress towards effective female-controlled barrier methods for the prevention of HIV and STI transmission.